

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	A.H	92192	3/1/99
O.I.P.E. CLASSIFIER		41	3/1/99
FORMALITY REVIEW	B.II	6002-15	3/8/99

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) ... Canceled  
 ÷ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date											
Final	Original	1	2	3	4	5	6	7	8	9	10	11
1	1	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2	2											
3	3											
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25	25											
26	26	✓	✓	✓	✓	✓	=					
27	27	✓	✓	✓	✓	✓						
28	28	0	=	=	=	=						
29	29	0	=	=	=	=						
30	30	0	=	=	=	=						
31	31	0	0	0	0	0						
32	32	✓	✓	✓	✓	✓						
33	33	0	✓				=	=				
34	34	0	✓				0					
35	35	✓	✓				✓	=				
36	36	✓	✓				✓					
37	37	0	✓				✓					
38	38	✓	✓				✓					
39	39	0	✓				✓					
40	40	✓	✓	✓	✓	✓	=					
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here